

Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)*, of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Science, Space, and Technology

Subcommittee: Oversight

Hearing Date: June 19, 2020

Hearing Title :

Repurposing Therapeutic Drugs for COVID-19: Research Challenges and Opportunities

Witness Name: James Finigan M.D.

Position/Title: Director of the Respiratory Centers of Excellence, National Jewish Health Denver, Colorado

Witness Type: ☐ Governmental ☒ Non-governmental

Are you representing yourself or an organization? ☒ Self ☐ Organization

If you are representing an organization, please list what entity or entities you are representing:

If you are a non-governmental witness, please list any federal grants, cooperative agreements, or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current calendar year and previous two calendar years. Include the source and amount of each grant, cooperative agreement, or contract. *If necessary, attach additional sheet(s) to provide more information.*

Title: Actin-myosin ~~contractility~~ promotes the development of chronic bronchitis
Sponsor: JHU (NIH)
Amount: \$10,354.04 (\$6,532.53 direct)

Title: Colorado PETAL Clinic Center
Sponsor: UCD (NIH-NHLBI)
Amount: \$18,316.36 (\$11,556.06 direct)

Title: PETAL Repository of Electronic Data COVID-19 Observational Study
Sponsor: UCD (NIH-NHLBI)
Amount: \$19,520.11 (\$12,315.53 direct)

If you are a non-governmental witness, please list any contracts or payments originating with a foreign government and related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current year and previous two calendar years. Include the amount and country of origin of each contract or payment. *If necessary, attach additional sheet(s) to provide more information.*